

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 - 0 0 6

2. STATE:

VT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 C.F.R. § 440.60(b)

7. FEDERAL BUDGET IMPACT:

a. FFY 0 \$
b. FFY 0 \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A Page 3c (01-06)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1A Page 3c (91-12)

10. SUBJECT OF AMENDMENT:

Modification of Chiropractic Services

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

H. Jane Mitchell

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

July 2, 2001

16. RETURN TO:

Rexanne Dory
Department of Prevention, Assistance,
Transition, and Health Access
103 South Main Street
Waterbury, VT 05671-1201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

7-2-01

18. DATE APPROVED:

7-5-01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7-1-01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Ronald Preston

22. TITLE:

Associate Regional Administrator

23. REMARKS:

ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL
CARE RECOGNIZED UNDER STATE LAW,
FURNISHED BY LICENSED PRACTITIONERS
WITHIN THE SCOPE OF THEIR PRACTICE AS
DEFINED BY STATE LAW (continued)

C. Chiropractic Services

Chiropractic services are limited to that manual
manipulation of the spine for the correction of a
subluxation up to ten treatments in a calendar year.
Treatments beyond ten per year. may be granted with prior
authorization.

Treatments for children under 12 years of age require prior
authorization.

X-rays for diagnosis of the subluxation are not covered.

TN# 01-06
Supersedes
TN# 91-12

Effective Date: 7/1/01

Approval Date: